

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

April 16, 2015 - 9:30 am to 1:00 pm
Hoover Building Conference Room 7
1305 E. Walnut St, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska (by phone)	Sharon Lambert
Neil Broderick	Geoffrey Lauer
Thomas Broeker	Rebecca Peterson
Richard Crouch	Michael Polich
Marsha Edgington	Deb Schildroth
Lynn Grobe	Patrick Schmitz
Kathryn Johnson	Marilyn Seemann
Betty King	Suzanne Watson

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello	Senator Liz Mathis
Representative Dave Heaton	Brett McLain
Representative Lisa Heddens	

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Bob Bacon (by phone)	U of Iowa Center for Disabilities and Development
Teresa Bomhoff	Iowa Mental Health Planning Council/NAMI Greater DM
Jim Cornick	Parent of an Adult with Serious Mental Illness
Jody Eaton	Central Iowa Community Services
Marissa Eyanson	Easter Seals Iowa
Jim Friberg	Department of Inspections and Appeals
Melissa Havig	Magellan Health
Jane Hudson	Disability Rights Iowa
Ken Hyndman	Des Moines County
John Parmeter	Orchard Place Mental Health Services
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shannon	Developmental Disabilities Council
Rick Shults	MHDS Division Administrator

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:35 am and led introductions. Quorum was established with twelve members present. No conflicts of interest were identified for this meeting.

Approval of Minutes

Deb Schildroth made a motion to approve the minutes of the March 19 meeting as presented. Neil Broderick seconded the motion. The motion passed unanimously.

Election of Officers

Deb Schildroth reported on behalf of the committee assigned to select a slate of officers to serve the Commission for the next year. The committee recommended that Patrick Schmitz continue to serve as Chair and Marsha Edgington to serve as Vice Chair. Richard Crouch moves the election of Patrick Schmitz and Marsha Edgington, and Tom Broeker seconds the motion. The officers were elected unanimously.

Mental Health and Disability Services Update – by Theresa Armstrong and Rick Shults

DHS had a site visit from the Substance Abuse and Mental Health Services Administration (SAMHSA) recently to review Iowa's Projects for Assistance in Transition from Homelessness (PATH) program. SAMHSA met with all the current PATH providers. Theresa said that the visit went well, and that DHS received positive feedback about the program and the current providers. Theresa expects to receive a good written report from SAMHSA when it comes. Both the clinical and financial review of the program went well.

The PATH program grants funding to providers in metropolitan areas to provide mental health services and assistance in finding housing to people with mental illness and are experiencing homelessness or near homelessness. Bid applications are due by May 1.

DHS has also posted a Request for Proposals (RFP) for a new inpatient psychiatric bed tracking system, and applications are due by May 8. DHS is hoping to have a system fully implemented by the end of May, 2015. The short timeframe is due to the fact that there are software products that already exist, so the department will be selecting a program to use rather than building or adapting one. The hospitals will be responsible for keeping the status of their inpatient psychiatric beds up to date. The clerk of courts, hospitals, MHDS regions, and law enforcement will have access to view and search for beds. There will be policies and rules drafted by MHDS to describe how the system functions and who will have access to view data, and who will have access to update data. There is no requirement for hospitals to keep information on the status of their inpatient psychiatric beds up to date; however, Theresa says that it would be in the hospitals' best interest to keep information up to date to save on phone traffic.

Special care was taken to account for hospitals responsibility to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA requires that hospitals with emergency departments accept and stabilize any patient who seeks treatment. EMTALA also requires that if a person comes to an emergency department and needs inpatient psychiatric services, the emergency department will find an available bed, and the receiving facility cannot turn the admission away without good cause. The bill has been amended so that reservations on beds can only be held for up to twelve hours.

SF 440: Has been signed by the governor and will allow MHDS regions to contract with facilities in neighboring states to receive involuntary commitment patients. Currently Iowa commitment orders are not enforceable across state lines. This law would require the receiving state to have a reciprocating law. Currently, DHS is aware that Minnesota, Wisconsin, and South Dakota have laws that allow for interstate placement for involuntary commitment in some form or another.

SF 463: Is the MHDS redesign "clean-up" bill. It has passed the House and the Senate, and only requires conforming language as the House and Senate versions are slightly different.

HF449: Is the appropriation bill for the inpatient bed tracking system and has passed the House and Senate. There has been an amendment that requires Psychiatric Medical Institutions for

Children (PMICs) with crisis stabilization programs must be accredited by DHS under Chapter 24. This bill also allows for sub-acute beds to be added to this system.

HF468: Has passed through the House and the Senate and will make it so that Mental Health Advocates will be employed by the counties. Rules will be developed related to the required qualifications of advocates, the territory covered by advocates, responsibilities, quality assurance, and data reporting.

HF534: Is a bill providing stipends for psychiatrists at PMICs. Currently there are stipends available for psychiatrists working at Community Mental Health Centers (CMHCs) and in mental health shortage areas. Amendment S-3103 also provides stipends for psychiatrists who serve populations where over 50% are covered by Medicaid.

Discussion: There is a shortage of psychiatrists across the entire state, and not just in shortage areas. Psychiatrists are graduating with very high student debt, and there is concern that Iowa does not have as many loan repayment incentives as other states.

SF 401: Is a bill on sub-acute beds. This bill will increase the number of sub-acute beds to be established from fifty to seventy-five, and sub-acute beds no longer need to be Certificate of Need (CON) beds, nor do they need to be in a CON facility. Patients can be committed involuntarily to the sub-acute level of care. The bill has been amended so that DHS is not required to go through an RFP for sub-acute beds, the department will determine where they should be located throughout the state. MHDS has been given rulemaking authority.

SF 306: Is related to communication for an adult who has a guardian. This bill states that a guardian cannot restrict the communication of an individual. Guardians can put time restrictions on, but they cannot refuse to allow an individual to communicate with someone without due cause.

SF 430: Is a bill establishing a pilot program for school-based mental health.

SF 439: Is the ABLE savings plan, which allows individuals to set up a special account that would not count as assets for the purposes of Medicaid or Social Security eligibility. These funds could pay for disability-related expenses in the future.

HF630: Is the successor to HSB177, and would direct 70% of Community Mental Health Block Grant (MHBG) funding to CMHCs as has been done for the last several years.

Discussion:

The U.S. Congress has been passing budget resolutions, and neither chamber has included the Social Services Block Grant (SSBG) in these discussions. For Iowa, the SSBG contributes over \$16 million, and approximately \$11.6 million to the state's mental health system. Congress has said they believe the SSBG duplicates states' efforts and is unnecessary. Rick says that he believes budgets will be more certain in July.

A bill that would establish a loan forgiveness program for mental health workforce died in the funnel. It is unclear whether there will be more bills on mental health workforce as the legislature is debating education funding. The Senate Democrats have released budget targets for this year, which matches the Governor's budget book in total funds, but does not have the detail that

the Governor's recommendation does. The Senate Democrats target for the Health and Human Services portion of the budget is \$24 million lower than the governor's recommendation, but there is no detail on how that money is appropriated. Another challenge for the budget process is addressing the financial shortfall the department has this fiscal year of approximately \$68 million. By law, the legislature cannot budget for more than 99% of estimated revenue. Currently the budget targets that have been made available budget for 97% of the revenue estimate from December. There is a March revenue estimate that is \$24 million lower than the estimate from December.

Two ICF/ID facilities in southwest Iowa, serving a total of about ninety individuals are closing on April 30. They are Park Place in Glenwood and Pacific Place in Pacific Junction. A closure team has been working to secure alternative placements, and most have been finalized.

DHS is working to prepare for the closure of the Mental Health Institutions (MHIs) in Clarinda and Mt. Pleasant. Clarinda has continued to accept admissions into the adult psychiatric program, and Mt. Pleasant has accepted admissions into its substance abuse program. The final date of operation has not changed, and plans are to close both facilities on June 30th. The MHIs are currently hiring to meet the needs of the patients transferring to the new facilities. There are several employees from the closing MHIs transferring to a variety of other facilities in the state.

Discussions on the MHI closures have led to active discussions on care for individuals with co-occurring and substance use disorders. Kathy Stone has been actively involved in discussions about the care needs for individuals with mental illness and co-occurring substance use disorders. The Iowa Department of Public Health (IDPH) is developing an RFP for procurement of their funded substance abuse program. IDPH is one of two major public funders of substance abuse (the other is Medicaid). Sometimes there is confusion because Magellan provides administrative support for both programs. Kathy Stone is meeting with MHDS regions about what the needs are for substance abuse treatment and co-occurring conditions so she can take that feedback into account while she develops that RFP.

Neil Broderick asked for an update on whether systems of care would receive ongoing funding. Theresa answered that she is waiting to see what the budget looks like. The Governor's budget recommendation currently does not have systems of care continuing.

Geoffrey Lauer asked if the Medicaid Managed Care Companies (MCOs) will be required to follow current Medicaid rules. Rick answers that due to the number and complexity of the rules, this is a difficult question to answer. Geoffrey asked if it becomes clear that there are administrative rules that could conflict with the projected start date, does the department have a plan for reconciling the conflict. Rick answers that there are people working on this issue, but that he does not have any information on the plan at this time.

Geoffrey Lauer asked how DHS plans to handle oversight of the MCOs. Rick answers that the department is responsible for the oversight of its contracts, and will be providing that oversight. There was a bill (SF 452) that would establish a legislative oversight committee for the Medicaid Modernization Initiative. The bill did not make it through funnel, but Geoffrey said that the governor's office is showing interest in supporting some type of legislative oversight.

Geoffrey Lauer asks for clarification on the Medicaid Modernization project and whether DHS will be pursuing a 1915b/c waiver or an 1115 waiver from The Center for Medicare and Medicaid Services (CMS). Rick answers that DHS will be applying for a 1915b/c waiver. Rick

explains that an 1115 waiver is referred to as a model waiver or an innovation waiver, which means a state Medicaid agency builds a project from the ground up. The 1915b waiver is a “freedom of choice” waiver. Rick explained that means patients would have to go through a managed care entity in order to receive care. Iowa currently has seven 1915c waiver programs, and these programs will need to be amended. Rick encourages everyone to continue to send questions to the Medicaid Modernization mailbox at MedicaidModernization@dhs.state.ia.us.

There was discussion about the future of case managers and the uncertainty of case management in the near future with Medicaid Modernization. Patrick Schmitz and Suzanne Watson expressed concern with the uncertainty of what case management will look like in the next year and the effect that may have on staffing.

Funding Challenges for MHDS Regions by Deb Schildroth and Suzanne Watson

MHDS regions have been doing budget projections for the coming State Fiscal Years (SFYs). Suzanne Watson mentions that while her region has a balance of \$115 million for the current year, they project a balance of \$74 million for SFY16. That balance will drop to \$38 million after the first three months. Long term funding for MHDS regions has been a point of concern for several years, and the regions have been working to propose a solution that would make funding for MHDS services more sustainable and more predictable. Suzanne notes that a major hurdle to the solution they propose could be seen as a tax increase at the local level in some areas.

The proposal would be to rely on property tax revenue and to lift the levy cap, which is a hard dollar cap set in the mid-1990s. The counties in every region would agree on a per-capita rate for local property taxes to fund MHDS services in the region. Deb Schildroth expressed concern that equalization funding may not be available in the future, and it appears that SSBG funding may not be included in the federal budget. This would leave MHDS regions with local funding as its most reliable source of funding. This proposal has been shared with state legislators.

Discussion: There was discussion about coverage gaps for people who churn in and out of Medicaid. Regions are being proactive and confirming that individuals have coverage for their appointment a week ahead of time. Another gap for the regions is transportation for people requiring services, but not requiring commitment. Sharon Lambert asked for an update on the Mental Health Court in Pottawattamie County. Suzanne answered that it has been very successful. She said that she believes jail is not the appropriate place for most of the individuals being tried in that court, and that the judge has been very understanding of their needs. A major challenge for the court is finding appropriate providers for individuals who need twenty-four hour services. Sharon asked if there are many cases that deal with substance abuse. Suzanne answered that most of the cases included a substance abuse component.

Mental Health Service Gaps by James Cornick

James Cornick shared his experience as the parent of an adult with serious mental illness. His son, Jeff, battled with severe depression all his life, and first attempted suicide in his early twenties. He was stable for the next twenty years, but his illness progressed in 2011. Jeff experienced manic phases and self-medicated with anti-depressants and alcohol.

Mr. Cornick explained that when Jeff went through manic phases he could be dangerous, and it was difficult to convince him to seek help. His family's options were to apply for an involuntary commitment, or to call 911, which would increase the chance of Jeff being arrested and put into the criminal justice system instead of mental health treatment. During the fall of 2011, Mr. Cornick said that Jeff intended to take his own life by self-immolation. His family filed a

commitment order, but Jeff was not picked up the same day. The Des Moines Police were called and Jeff was arrested and charged with second degree arson. He was held for over 120 days in the Polk County Jail, and in April, 2012, a psychiatrist diagnosed him with bipolar disorder. Mr. Cornick said that Jeff had several probation violations over the next three years due to missing appointments with his probation officers. On January 7, 2015, Jeff missed a meeting with his probation officer. Mr. Cornick said Jeff forgot, and decided to shovel his wife's driveway as it had snowed the night before. Jeff was arrested the next day for violating the terms of his probation. Shortly after midnight that night, Jeff was found hanged in his cell.

Mr. Cornick said he wanted to share his experience with the mental health system and some suggestions changes in policy. Mr. Cornick expressed his hope that his story could lead to changes that might benefit people with mental illness and how they interact with the criminal justice system. Mr. Cornick suggested the following policy changes:

- 1) Reform to Disclosure of Mental Health Information (Iowa Code 228.8) to allow family-members of an adult with SMI to access the individual's medical information without obtaining guardianship or violating HIPAA laws.
- 2) Create an online system for filing applications for involuntary committals that can be accessed twenty-four hours a day and seven days a week. Currently, these applications are only available during normal business hours Monday through Friday.
- 3) Extend the length of time a commitment order is in effect until the end of a judge's order of continuance. Currently, an involuntary commitment order expires when a judge grants the respondent a continuance, and if the respondent is not stabilized or complying with the terms of the continuance, a new commitment order must be filed. Mr. Cornick suggested that if an individual is not following through with treatment ordered by the judge within the time frame of the continuance, that the original commitment order should be valid to bring the individual back to the hospital.
- 4) Define the word "immediate" in Iowa Code 229.11 which reads as follows:

"...If the applicant requests that the respondent be taken into immediate custody and the judge, upon reviewing the application and accompanying documentation, finds probable cause to believe that the respondent has a serious mental impairment and is likely to injure the respondent or other persons if allowed to remain at liberty, the judge may enter a written order directing that the respondent be taken into immediate custody by the sheriff or the sheriff's deputy and be detained until the hospitalization hearing..."

Mr. Cornick suggested that the word "immediate" be changed to "custody within eight hours", and that if the respondent is not taken into custody within eight hours, that the applicants be notified.

- 5) Require the county sheriff to notify all area law enforcement when an involuntary committal is in effect. Mr. Cornick expressed concern that law enforcement agencies do not communicate with each other well enough.

- 6) Require that mental health facilities notify law enforcement when a committed individual escapes from the facility. Currently, the chief medical officer is permitted to notify law enforcement, but not required.
- 7) Require seventy-two hours between the time of arrest and the filing of any serious charges against an individual who is suspected to be suffering from mental illness. This would allow time for the individual to be more thoroughly examined by medical staff.
- 8) Require law enforcement officers in Iowa to have at least forty hours of mental health training. Currently, law enforcement officers are required to have four hours of initial training, and one hour of additional training each year.
- 9) Require that if a law enforcement officer who has reasonable grounds to believe a mentally ill person is a risk to themselves or others to take the individual to the nearest available mental health facility without warrant. Currently law enforcement officers are permitted, but not required to do this.
- 10) Require judges at Involuntary Mental Health hearings to receive input from the spouse, guardian, parent, or petitioner during the hearing. Currently this is permitted but not required by law.
- 11) Require that a judge's continuance order include a standardized outpatient treatment plan containing times, dates, and locations. Currently, a continuance order does not need to contain specific details on how or where to obtain treatment.
- 12) Require psychiatrists to hold one hour per work day open for mental health emergency appointments.
- 13) Develop a system for the booking process in Iowa jails that would allow the officer to see the an individual's past booking history with regards to criminal record, mental health treatment in the corrections system, and suicide watches. Mr. Cornick said that people with bipolar schizophrenia are more than three times more likely to have had at least four arrests than the general population. Currently in Polk County, every arrest is treated as a new booking, and no previous history is connected.

Geoff Lauer thanked Mr. Cornick for speaking to the Commission and providing his recommendations.

Geoff Lauer made a motion requesting DHS to analyze the impact of Mr. Cornick's policy recommendations. Tom Broeker seconded the motion. The motion passed unanimously.

Sharon Lambert shared her experience with her grandson and his encounters with law enforcement, as well as her personal experience with depression.

Next Meeting:

Patrick Schmitz explained that the next meeting would be a joint meeting with the Mental Health Planning and Advisory Council on Wednesday, May 20th. This meeting will include member introductions from both groups as well as overviews of each group given by the chairs and vice chairs.

The regular meeting will be on the following day and will have presentations from Gretchen Kraemer from the Attorney General's office, Harry Rossander presenting on the administrative rule-making process, and MHDS on the Commission's duties.

Geoff Lauer asked to hear about assessments as they pertain to SF 2315.

There was a request to hear about outcomes measures at DHS.

Legislative members of the Commission will be invited to the joint meeting to give an update on legislative activity on mental health services.

Public Comment:

There was a comment made from the audience on Mental Health First Aid Training being held at Hawkeye Community College in Waterloo, IA on June 8 - June 12. The class currently is not full, and is designed for law enforcement personnel to become trainers for Mental Health First Aid for law enforcement officers.

There was a question about Mental Health First Aid classes focused on youth mental health issues. Teresa Bomhoff answered that there are classes offered. There are modules for higher education, adults, children, law enforcement, rural, and veterans mental health issues.

Acknowledgement of outgoing Commission Members:

Patrick Schmitz thanked Neil Broderick, Deb Schildroth, Suzanne Watson, and Jill Davisson for their service to the Commission and presented certificates to all who were present.

The meeting was adjourned at 1:00pm.

Minutes respectfully submitted by Peter Schumacher.